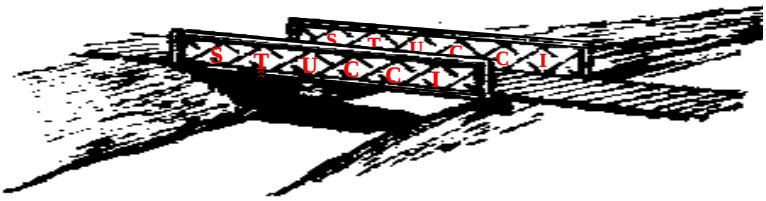
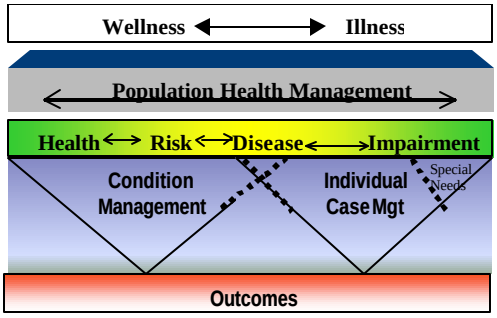
Case Management Bridge Crossings

Bridging the Chasms of Case Management . . . making it a reality



The BCMP IPT conducted an on-site meeting November 14-16, 2001 at TMA to bring the members together after months of virtual meetings. The 3-day meeting culminated with achievements and exceeded all the meeting goals. The attendees had many of their expectations met as well - including an opportunity to meet other case managers and enjoy professional networking. Maj General R. Randolph, Deputy Director for TMA, addressed the IPT members and was pleased with our goals and our progress. He recognized and thanked the group for their hard work in clarifying the many processes associated with case management and validated the need for continued refinement in this area. Col Patricia Kinder from Region 5 summarized the overall feeling from the attendees. *"I truly enjoyed working issues and felt we accomplished many milestones; especially the final day when we were able to see where individuals come from and where we want to go in the MHS future [For case management]. I came back enthused!"* The team's charge was to review, discuss, and solidify efforts from Phase I of the IPT: BCMP Design and Development. Teams for education, transferability, metrics, and collateral programs presented updates and recommendations to the entire group. These recommendations were discussed, refined, and adopted for formal presentation to TMA and Service Leadership. The recommendations addressed processes surrounding interregional transfer coordination, designing a case management clinician directory and regional points of contact, creating an identification mechanism for patients with special needs, developing a standardized case management educational plan and defining processes to capture case management workload. The team also recommended adoption of a single definition for case management: *"a collaborative process under the population health continuum which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote qualtiy, cost effective outcomes".* This definition is reflected in the BCM Management model pictured here.⌘



NAG POINT: What's your view? *Response to last issue [Bridge Crossings] Nag Point: "What's in a name…uh…title?* "From speaking with RN's at regional and at national meetings it appears that most individuals wear multiple hats. I believe that if your position requires you to manage a caseload of patients which requires you to assess patients needs, plan for care, monitor outcomes, and ensure patients obtain quality cost effective health care, your title should relfect Case Manager --as this title most accurately reflects what you do." *KTH*

Nag Point for discussion in the next issue:

Should participation in case management for patients with very complex needs be mandatory?

- Boddie Vinzuella of BMACH-Ft Benning GA writes: *"We are attempting to write the philosophy and adopt a model for our outpatient case management section. Any ideas?"* The Case Management model was a topic of intense discussion at the recent IPT onsite meeting. Please contact Vinsuella.boddie@se.amedd.army.mil for suggestions / ideas.
- Ms. Bessie Holmes asks: *"Does anyone case manage Active Duty Service Members who are on convalescent leave?"* Please contact Ms. Holmes at bessie.holmes@se.amedd.army.mil.